

MSFC WORK SCHEDULE REQUEST

Please refer to either MPM 3600.1, Attendance and Leave, or the appropriate union agreement for questions regarding tours of duty. Approved forms should be retained by the timekeeper. They do not need to be routed through the Payroll Office.

Name (Print or type - Last, First, Middle Initial):	Job Title:	Organization:
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I request my tour of duty be established as designated below effective on the pay period starting _____
I understand that if this request is approved, the tour I have selected may not be changed for at least two pay periods after the effective date except for emergency situations, with the approval of my supervisor.

STANDARD TOUR

1. <input type="checkbox"/> 6:00 - 2:30	2. <input type="checkbox"/> 6:15 - 2:45	3. <input type="checkbox"/> 6:30 - 3:00	4. <input type="checkbox"/> 6:45 - 3:15	5. <input type="checkbox"/> 7:00 - 3:30
6. <input type="checkbox"/> 7:15 - 3:45	7. <input type="checkbox"/> 7:30 - 4:00	8. <input type="checkbox"/> 7:45 - 4:15	9. <input type="checkbox"/> 8:00 - 4:30	10. <input type="checkbox"/> 8:15 - 4:45
11. <input type="checkbox"/> 8:30 - 5:00	12. <input type="checkbox"/> 8:45 - 5:15	13. <input type="checkbox"/> 9:00 - 5:30	14. <input type="checkbox"/> 9:15 - 5:45	15. <input type="checkbox"/> 9:30 - 6:00

COMPRESSED TOUR

A. 1. <input type="checkbox"/> 6:00 - 3:30	2. <input type="checkbox"/> 6:15 - 3:45	3. <input type="checkbox"/> 6:30 - 4:00	4. <input type="checkbox"/> 6:45 - 4:15	5. <input type="checkbox"/> 7:00 - 4:30
6. <input type="checkbox"/> 7:15 - 4:45	7. <input type="checkbox"/> 7:30 - 5:00	8. <input type="checkbox"/> 7:45 - 5:15	9. <input type="checkbox"/> 8:00 - 5:30	10. <input type="checkbox"/> 8:15 - 5:45
11. <input type="checkbox"/> 8:30 - 6:00				

B. EIGHT-HOUR DAY OPTION (Check One): 1. <input type="checkbox"/> First Monday 2. <input type="checkbox"/> Second Monday 3. <input type="checkbox"/> First Tuesday 4. <input type="checkbox"/> Second Tuesday 5. <input type="checkbox"/> First Wednesday 6. <input type="checkbox"/> Second Wednesday 7. <input type="checkbox"/> First Thursday 8. <input type="checkbox"/> Second Thursday 9. <input type="checkbox"/> First Friday 10. <input type="checkbox"/> Second Friday	C. OFF DAY OPTION (Check One): 1. <input type="checkbox"/> First Monday 2. <input type="checkbox"/> Second Monday 3. <input type="checkbox"/> First Tuesday 4. <input type="checkbox"/> Second Tuesday 5. <input type="checkbox"/> First Wednesday 6. <input type="checkbox"/> Second Wednesday 7. <input type="checkbox"/> First Thursday 8. <input type="checkbox"/> Second Thursday 9. <input type="checkbox"/> First Friday 10. <input type="checkbox"/> Second Friday
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MAXIFLEX TOUR

1st Mon.: _____	1st Tues.: _____	1st Wed.: _____	1st Thurs.: _____	1st Fri.: _____
2nd Mon.: _____	2nd Tues.: _____	2nd Wed.: _____	2nd Thurs.: _____	2nd Fri.: _____

Signature of Employee:	Date:
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OFFICIAL ACTION ON REQUEST

I have reviewed your request against the requirements of your job assignment and have determined that your work schedule will be:

☐ As requested

☐ Other (as follows):

All work schedules will begin the first day of the pay period.

Signature of Team Leader/Supervisor:	Date:
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